

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*101698863*

FILING DATE

APPLICANT(S)

*31-21100*

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		/		
2		/		
3		<u>—</u>		
4		/		
5		/		
6		/		
7		/		
8		/		
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49				
50				
TOTAL IND.		/		
TOTAL DEP.		<u>10</u>		
TOTAL CLAIMS		11		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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